

Revision: HCFA-AT-81-34 (BPP)

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State MontanaCitation4.21 Prohibition Against Reassignment of
Provider Claims

42 CFR 447.10(c)
AT-78-90
46 FR 42699

Payment for Medicaid services
furnished by any provider under this
plan is made only in accordance with
the requirements of 42 CFR 447.10.

DEC 29 10 03 AM '81

RECEIVED

TN # 82-1

Supersedes

TN # 78-9

Approval Date

1/8/82Effective Date 10/1/81